

Health and Social Care Scrutiny Commission

Wednesday 2 February 2022

7.00 pm

Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1
2QH

Supplemental Agenda One

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5.	Interview with the Independent Safeguarding Chair	1 - 17
	The commission will interview the Independent Safeguarding Board Chair, Anna Berry, of Southwark Safeguarding Children Partnership (SSCP) and Southwark Safeguarding Adults Board (SSAB) along with the Safeguarding Executive:	
	<ul style="list-style-type: none">• David Quirke-Thornton - Strategic Director of Children's and Adults Services, Southwark Council• Clair Kelland - D/Supt, Public Protection, MPS• Sam Hepplewhite - Place-Based Director (Southwark), NHS SEL CCG	

The latest Southwark Safeguarding Adults Board Annual Report is enclosed, with the Southwark Safeguarding Children Partnership Annual Report to follow.

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6.	Domestic Abuse in the family	18 - 37
	<p>This item will inform a mini review by the commission on Domestic Abuse and Violence in the Family – the scrutiny review scope is enclosed.</p> <p>The session will hear from:</p> <ul style="list-style-type: none">• Community Safety council officers – a report is enclosed.• Probation service, including their in-house programme for perpetrators.• Early Family Help services delivered by the council - a report is enclosed.• Solace Women’s Aid.• Yuva, particularly work with young people who have been abusive to their parents/carers and in their close relationships and the Domestic Violence Intervention Project.• Police, on specialised work and partnership work - presentation is enclosed.• Councillor Leanne Werner; Deputy Cabinet Member for Domestic Abuse• Bede House• Su Mano Amiga• Other voluntary and community organisations, to be confirmed.	
7.	Work Programme	38 - 49



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Foreword



It is my pleasure to introduce the Southwark Safeguarding Adults Board's annual report 2020/21. This report covers an unprecedented year during which we were in the midst of the COVID-19 pandemic, which has raised the profile and importance of adult safeguarding to a new level. COVID-19 has had a significant impact on our more vulnerable.

Despite the impact of the pandemic, the Board and its subgroups have continued to operate on a virtual basis; Board members have also participated in many meetings and forums designed to monitor and respond to the impact of the virus, to ensure that the health and well-being of adults with care and support needs is prioritised and that lessons are learnt.

This annual report provides information as to what has been achieved in Southwark and includes updates on priorities and learning. This is built on a robust audit programme and performance data and evidences good progress with regards to the safeguarding priorities identified in 2019/20.

We will continue to build on those successes to set the priorities for the future. We will do this by building positive learning opportunities into practice. We will particularly listen to the voice and influence of our communities and service users, and this will be reflected in the priorities of the Board.

The challenges brought about by the past year and the COVID-19 pandemic, have further emphasised the benefits we can derive from proactive collaborative partnership working. We are extremely proud of the way our partners responded and as we work towards a period of recovery, we recognise the vital role the SSAB will continue to play in coordinating a robust safeguarding response.

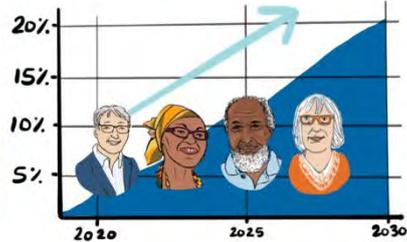
Finally, I would like to thank the team that has supported the work of the Southwark Safeguarding Adult Board, Cabinet elected members, board members and all of the staff who work in this challenging and complex area.

Anna Berry
Independent Chair, Southwark Safeguarding Adults Board (SSAB)

1. The Southwark Local Safeguarding Context

Southwark Adult Demographics

Southwark's population is predicted to grow by **20%** by 2030, with significant increases in the older age (65+) cohort.



314,200 people live in Southwark. Southwark has one of the highest population turnover rates in the country. Between 2016 and 2017 approximately 29,300 people moved into Southwark, with 32,000 residents moving out.



Southwark is one of the most ethnically diverse areas in the UK. Just over half (54%) of Southwark's population is of white ethnicity, a quarter (25%) black and a third of Asian (11%) or other (10%) ethnicities.



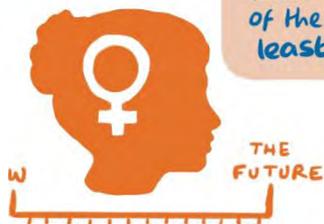
Southwark is home 

Average life expectancy for men is **79.3** years. Life expectancy for men is **7.4** years lower in the most deprived regions of the borough than the least deprived.



Southwark is one of the **20%** most deprived districts/unitary authorities in England.

Average life expectancy for women is **84.6** years. Life expectancy for women is **5.6** years lower in the most deprived regions of the borough than the least deprived.



Data Sources:
[Southwark Joint Strategic Needs Assessment](#)
[Office for National Statistics](#)
[Index of Multiple Deprivation](#)

2. The Board

Our vision

We believe all adults at risk that are living in or visiting Southwark have the right to be safe and protected from harm. We will all work together to support these adults and their carers to make informed choices and to provide the highest quality services so they can live full, independent and self-determined lives.

Southwark Safeguarding Adults Board's primary objective is to assure itself that local safeguarding arrangements and partners act to help and protect adults who are at risk of/or experiencing abuse or neglect.

The Board will hold agencies to account for their key safeguarding responsibilities, so that:

- All those who work with vulnerable adults know what to do if there are concerns about possible harm or abuse.
- When concerns are raised regarding an adult who is vulnerable to harm / abuse, action is taken in a timely manner and the right support is provided at the right time.
- Agencies which provide services for vulnerable adults ensure they are safe, and monitor service quality and impact.

Key strategic questions for the Board

- Is the help provided effective? How will we know our interventions are making a positive difference? How will we know all agencies are doing everything they can to make sure vulnerable adults are safe?
- Are all partner agencies meeting their statutory responsibilities as set out in The Care Act (including Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability), Mental Capacity Act and Deprivation of Liberty Safeguards?
- Do all partner agencies quality assure practice and is there evidence of learning and improving practice?
- Is safeguarding training monitored and evaluated and is there evidence of training impacting on practice? This includes multi-agency training.

2.1 Our Partners

Partnership work is vital to the successful delivery of safeguarding services and interventions in Southwark. We remain confident that safeguarding is at the heart of the services delivered by statutory and voluntary services in Southwark, and we also remain committed to maintaining an open dialogue with all our partners, and working jointly with partners to ensure the best, person-centred outcomes to protect adults who are vulnerable to harm / abuse.

SSAB Membership

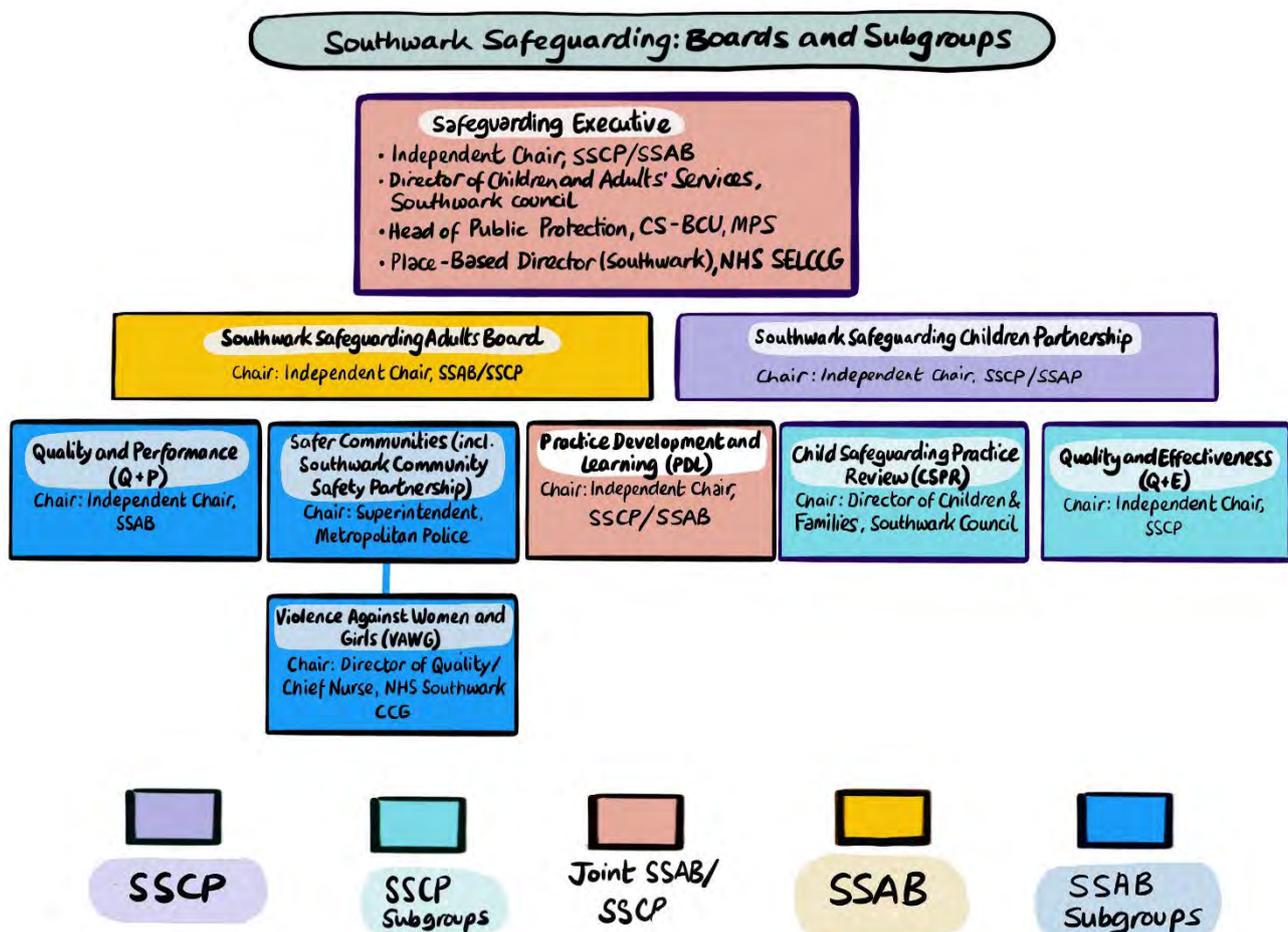
Southwark Council	CCG/NHS	Police	Other Organisations
Cabinet Member for Children, Schools and Adult Care	Place-Based Director (CCG)	Chief Superintendent Southwark and Lambeth BCU	Borough Commander, London Fire Brigade
Cabinet Member for Community Safety and Public Health	Designated Nurse for Adult Safeguarding (CCG)	Detective Superintendent – Head of Public Protection	Head of Probation Service, Southwark
Strategic Director of Children and Adults' Services	Named GP for Adult Safeguarding (CCG)		London Community Rehabilitation Company
Strategic Director of Housing and Modernisation	Head of Safeguarding Adults (GSTT)		CEO, Community Southwark
Strategic Director of Environment and Leisure	Safeguarding Adults Lead (KCH)		Children and Family Court Advisory and Support Services (CAFCASS)
Director of Adult Social Care	Safeguarding Adults and Prevent Lead (SLaM)		Provider Representatives
Director of Communities			
Director of Public Health			
Director of Resident Services			
Director of Commissioning, Children and Adults' Services			
Assistant Director, Community Safety and Partnerships			
Principal Social Worker for Adults			

2.2 Governance Arrangements

During 2020/21 Southwark Safeguarding Adults Board (SSAB) held four main meetings, including one joint meeting with the Southwark Safeguarding Children Partnership (SSCP). The Board has a number of subgroups, illustrated in the diagram below, which meet quarterly.

Anna Berry is the independent chair of both the SSAB and SSCP.

To ensure the Board fulfils its duties effectively, our membership is made up of senior officers from across the partnership who are able to promote the respective priorities of the organisations around the partnership.



2.3 Communications

It is vital that key messages are cascaded to front line staff and as a partnership we are committed to continually strengthening our approaches to this. As a result, during 2020/21, a quarterly newsletter was established jointly with the SSCP. This is circulated to all members of the Board and subgroups, and shared widely with partners, including the community and voluntary sector. Copies of the newsletter can also be accessed from our [website](#).

2.4 Our Subgroups

Practice Development and Learning Subgroup (joint with SSCP)



The Safeguarding Practice Development and Learning (PDL) subgroup is a joint subgroup of the SSCP and SSAB. It is chaired by the SSCP/SSAB Independent Chair.

The Board is committed to promoting a culture which values and facilitates learning and in which the lessons learned are used to improve future practice and partnership working. This approach facilitates robust mechanisms to review, analyse and develop practice. We are confident that our approach to learning and development drives improvements in the wider safeguarding system as well as in the outcomes experienced by users of services.

Traditionally there has been an emphasis on “training” and although uptake of training programmes can be measured, we require further assurance as to the impact this has on practice. As a result, during the latter part of the year a review of our current model commenced and as we move into 2021/22 we will transition in to a strengthened approach where learning is embedded in the culture of all safeguarding practice.

Safer Communities Subgroup

The Safer Communities Subgroup is our local Community Safety Partnership. The role of the group is to oversee multi-agency responses and provide a problem-solving approach to community safety issues by sharing information and ensuring activity is taking place to protect individuals and communities from crime and disorder.

The subgroup is proactive in promoting awareness, learning and good practice, and in establishing links with partnership organisations. It is chaired by a Metropolitan Police Superintendent.

During the year, the group focussed on the impact of COVID-19, including holding a special meetings to focus on Domestic Abuse and violence against women and girls (VAWG).

The subgroup is also responsible for overseeing Domestic Homicide Reviews (DHR) processes in Southwark. For more information on DHRs, please [see section 4.2](#).

Quality and Performance Subgroup

The purpose of the Quality and Performance Subgroup is to provide the Safeguarding Adults Board with assurance around the quality and effectiveness of the safeguarding responses within Southwark, and through this to improve effectiveness. One of the key assurance pieces of work undertaken was the safeguarding self-assessments: the key themes from these audits are reported on below. In addition, this subgroup drives forward the priorities of the SSAB, such as the development and roll out of the complex case pathway and the domestic abuse deep dive.

The subgroup is also responsible for overseeing the Safeguarding Adults Review (SAR) process. For more information on SARS, [see section 4.1](#).

Work is ongoing to review the existing performance dashboard and align it with the Board's agreed priorities.

Safeguarding Adults Partnership Audit Tool (SAPAT)

Under the Care Act (2014), Safeguarding Adults Boards must have an audit process to monitor and evaluate their performance and that of the member organisations. The SSAB disseminated a self-assessment audit tool to all partner agencies and following submission, held a multi-agency Challenge event.

Key themes from the 2020/21 SAPAT:

Engagement across the partnership strengthened during the pandemic; for instance, online meetings improved attendance levels and innovative approaches to training were adopted.

Conversely, the period also brought its challenges, with concerns about capacity and demand issues, and the increase in mental ill health, loneliness and isolation. Partners were also concerned about ways to support the resilience of the workforce.

There were also challenges arising from the restructuring of agencies, for example the amalgamation of probation services, and the CCG move to an integrated care system (ICS).

Areas identified for improvement included:

- How learning is embedded in frontline practice, and how the Board can be assured that it is having an impact.
- How the voice of people with lived experience can best be taken into account in the work of the SSAB.
- Promotion of safeguarding across communities in Southwark.

These areas will be driven forward by the Board subgroups during 2021/22.

2.5 Financial Arrangements

Contribution	Total
Police (MOPAC)	£5,000
NHS Southwark CCG	£55,000
London Fire Brigade	£500
London Borough of Southwark	£63,421.50
Total from contributions	£123,921.50

SSAB receives financial contributions from a number of agencies and other forms of in-kind support. Money received in 2020/21 is detailed here.

2.6 Core Adult Safeguarding Data

During 2020/21, 1,558 adult safeguarding concerns were received – a 17% increase on the number received in 2019/20.

436 S42 safeguarding enquiries and 29 non-statutory enquires were commenced, involving 402 individuals – a decrease of 12% overall on 2019/20.

The concern to enquiry conversion rate for the year was 30%, compared to the 2019/20 average of 37% for England and 39% for Southwark.

Risk was identified in 77% of cases, and, of those cases, risk was reduced or removed in 92%.

Of the individuals who were asked to define the outcome they wanted from the enquiry, 60% expressed their desired outcome.

Where a desired outcome was expressed, individuals felt this had been fully or partially achieved in 93% of concluded enquiries.

The introduction of a new case audit framework will enable Adult Social Care (ASC) to select specific areas of safeguarding for themed audits across service areas. For instance, where individuals are subject to more than one safeguarding enquiry in the year, these cases will be looked at further. We also plan to gain more understanding of the type of cases which come under non-statutory enquiries.

In line with Making Safeguarding Personal (MSP), Adult Social Care plan to look into the correlation between individuals under S42 enquiries, who lack mental capacity, who require advocacy support and whose desired outcomes are not detailed. We will be launching a Making Safeguarding Personal information leaflet and a questionnaire for collating feedback.

Concerns and Enquiries	Total	S42	Oth
1. Safeguarding concerns received	1,558	-	-
2. Safeguarding enquiries commenced	465	436	29
3. Rate of Concerns to Enquiries	30%	-	-
4. Safeguarding enquiries concluded	458	421	37
5. Safeguarding enquiries concluded within 30 days	330	302	28
<i>%age of enquiries</i>	72%	72%	76%
6. Concluded enquiries where the individual assessed as lacking capacity	108	102	6
7. Safeguarding enquiries concluded where risk was identified	351	327	24
<i>%age of enquiries</i>	77%	78%	65%
8. Where risk identified - risk reduced or removed	324	301	23
<i>%age</i>	92%	92%	96%
9. Safeguarding enquiries for which the individual expressed desired outcomes	275	258	17
<i>%age of enquiries</i>	60%	61%	46%
10. Safeguarding enquiries for which the individual's expressed outcomes were fully or partially achieved	256	239	17
<i>%age</i>	93%	93%	100%

Core DOLS Activity

	2019-20	% of total	2020-21	% of total
Total applications received	1035		769	
From Care Homes	643	62	475	62
From Hospital	392	38	294	38
Granted	781	75	252	33
Not Granted	220	21	204	27

Following the publication of the DHSC COVID guidance for MCA/DOLS in April 2020, Southwark DOLS assessors have undertaken remote assessments and refer to previous evidence where appropriate. We continue to review our local position via benchmarking with other local authorities and consulting our assessors about returning to face-to-face assessments.

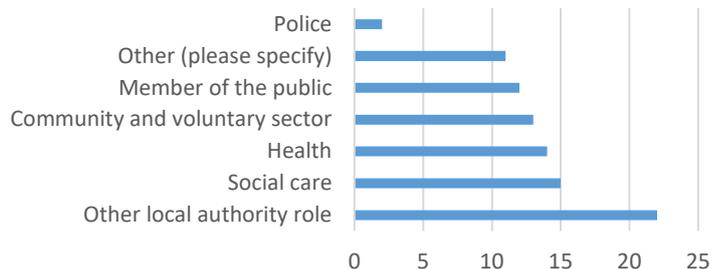
A Liberty Protection Safeguards (LPS, replacing DOLS / Deprivation of Liberty Safeguards) project brief and action plan is under regular review, in consultation with

senior stakeholders across ASC. Essential communication is shared with colleagues in Adults and Children’s social care, Education, Commissioning, Legal and Finance colleagues, as well as CCG and provider forums. Further partnership work will progress with the planned publication of the Code of Practice and Regulations late in 2021 for consultation, in line with the revised implementation date of 1 April 2022.

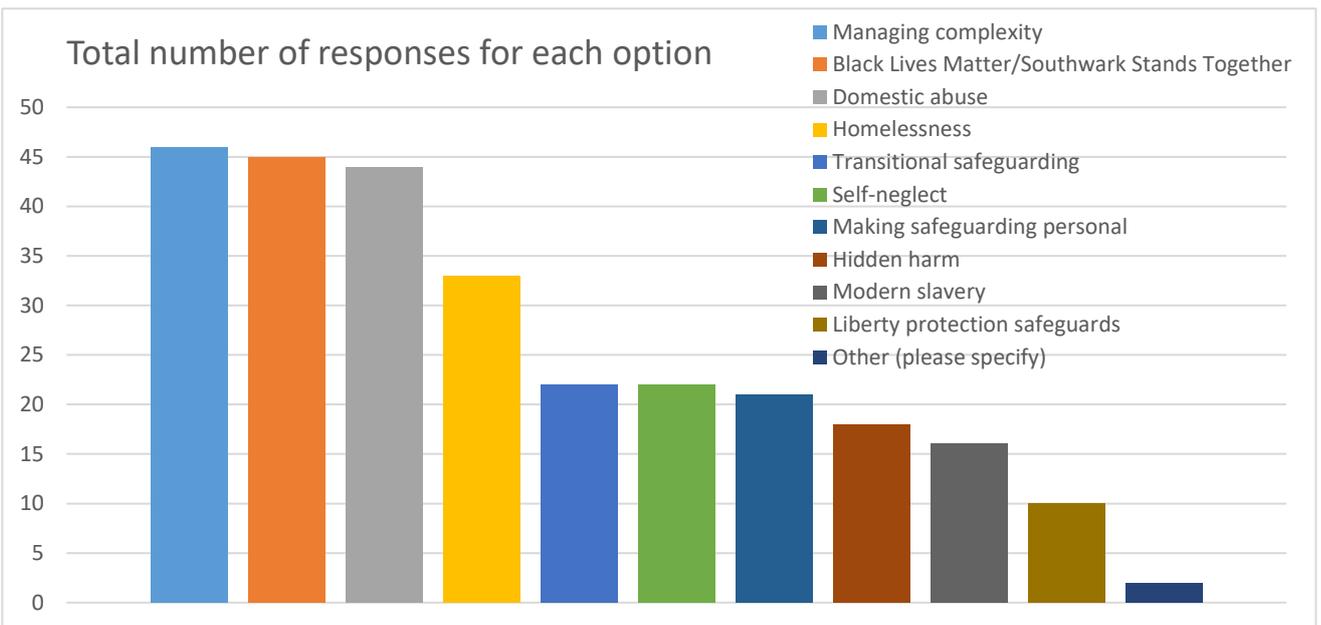
3. Our Priorities

At the beginning of 2020/21, the SSAB undertook a consultation with partners to ascertain wider views on what should be the SSAB priorities for the forthcoming year and why. Despite us being at the height of the pandemic, we received a total of 90 responses; the majority being from front line staff.

Total number of responses by agency



Total number of responses for each option



Following the consultation and a priority setting focused SSAB meeting, the following three priorities were agreed:

1. Domestic Abuse (joint with SSCP)
2. Managing Complexity
3. Homelessness

The Board also felt there should be three cross-cutting themes running across all of the priorities:

1. COVID-19
2. Black Lives Matter / Southwark Stands Together
3. Making Safeguarding Personal

It was agreed that these priorities should run until March 2022. While the partnership will work on all the priorities during this period, there will be a quarterly focus on particular priority areas.



Quotes from survey respondents:

“BLM is something that everyone needs to focus on”

“...issues are on the increase as a result of the pandemic and a change in peoples’ social interactions.”

Quarterly areas of focus



3.1 Domestic Abuse



“Domestic violence often keeps victims in situations that perpetuate poor mental & physical health, substance misuse; and also creates a new generation of victims if children are present in the family.”

The SSAB acknowledged that Domestic Abuse (DA) has many interconnectivities to other complex behaviours and situations and thus in order to be effective, it was important to identify specific areas of focus and development. The SSAB held a mirror up to itself and identified some specific areas of challenge:

- Challenge - Can we be more proactive and preventative and intervene earlier?
Action - A stocktake of what is on offer across the partnership - what works well? What could be strengthened?
- Challenge – are we assured that older victims victims are sufficiently identified and supported?
Action – a data collection / deep dive / thematic review into this area.

A task and finish group has been established in year to take this work forward, and the outcome of this will be reported in 2021/22.

3.2 Managing Complexity

“...many people may require support but don't fit classic criteria for social services input, or because they are deemed to have capacity to refuse, options become very limited.”

Local, regional and national SARs have highlighted significant learning around managing complexity.

There is often concern that an individual's lifestyle choices or behaviour are likely to result in serious harm, or even death, and current agency involvement has not been effective in managing the risk.

Some of the themes are: complex illnesses and disabilities including mental health issues, dementia, complex trauma, learning difficulties/disabilities, long term physical health needs and people with chronic self-neglecting behaviour. These cases can be high risk and indicate a need for a coordinated response.

The Board are keen to promote a multi-agency approach to the assessment and management of risk for adults who appear to have capacity, may have care and support needs and who are deemed to be at high risk of serious harm or even death, and multi-agency escalation is required. In conjunction with neighbouring SABs, Southwark SAB have begun developing a Complex Case Pathway to ensure a consistent multi-agency approach to managing these cases.

3.3 Homelessness



“...safe, affordable housing is a fundamental requirement to safeguard vulnerable individuals in preventing/managing complex issues.”

The Board recognises that this issue has been particularly highlighted during COVID-19.

There are multiple risk factors and correlations between the other agreed priorities. Some of the factors associated with homelessness that could result in serious safeguarding concerns include: drug and alcohol misuse, mental health needs, the lack of availability of accommodation, the impact of family breakdown, the incidence of domestic violence and abuse, the influence of criminality and involvement in the criminal justice system.

Board members want to see a focus on homelessness from a preventative perspective. Consideration will be given to the development of a partnership risk assessment tool together with the development of a pathway for homeless people/ rough sleepers that will ensure that needs are being met in the best possible way by all agencies, thus facilitating the response to safeguarding concerns.

4. Learning from Case Reviews

4.1 Safeguarding Adults Reviews (SARs)

The SSAB must carry out a SAR when an adult at risk dies or is seriously harmed, and there is concern that partner agencies could have worked more effectively to protect them.

Four cases were considered during 2020/21, and two were deemed by the partnership to meet the criteria for a SAR.

These reviews are close to completion, and will be published in 2021/22. The Board is taking forward relevant learning from both reviews.

In the past two years we have tragically lost two of our residents to fire. While these cases were not felt to meet the criteria for a SAR, the Board agreed to carry out a thematic review into these deaths to identify any commonalities and lessons to be learned. This review will be completed in 2021/22.

4.2 Domestic Homicide Reviews (DHRs)

The Community Safety Partnership, which sits within the SSAB, must carry out a Domestic Homicide Review (DHR) if someone aged 16 or over dies as a result of violence, abuse or neglect by someone they were in a relationship with or someone who was a member of the same household. The aim of these reviews is to improve responses to domestic violence across the partnership.

Tragically, we lost one of our residents to domestic violence in 2020/21. A review into the death has commenced, but has been delayed to allow criminal proceedings to be completed, and thus will be reported on fully in 2021/22. Southwark are also contributing to two reviews led by other boroughs: in both cases the perpetrator was a resident in Southwark.

Despite these reviews not yet being completed or published, once learning is identified, it is shared across the partnership, and action plans are monitored and progressed in a timely manner.

4.3 Learning Disability Mortality Reviews (LeDeR)

[The Learning Disability Mortality Review \(LeDeR\)](#) programme was set up by government to ensure that possible learning opportunities from circumstances leading to individual deaths are captured and shared. All deaths of people with learning disabilities aged four and over must be reviewed.

LeDeR is reported annually and the key themes are presented to the Quality and Performance subgroup; learning is then cascaded via the Practice Development and Learning subgroup.

During 2020/21 key themes, learning points and recommendations from these reviews included:

- Closer collaboration and integration amongst health and care teams regarding people living with learning disabilities and autism.
- To consider training in national health and social care curriculums for understanding learning disability and autism.
- The wider health and social care workforce should ensure they fully understand the complexities of identifying and working with people with learning disabilities.
- A stronger emphasis on the delivery of the actions coming out of the reviews and holding local systems to account for delivery, ensuring there is evidence of service improvement locally.

5. Looking Ahead 2021/22

At the end of the year SSAB members undertook a facilitated session that focused on what the partnership could strengthen and improve during the coming year. Their responses can be grouped into the following areas:

Learning and Development

- Embedding a learning culture
- Effectiveness of current learning model

Assessing Impact

- Benchmarking
- Outcome focused approach
- How do we know we are effective?

Communication and Engagement

- Improved communication to front line staff
- Voice of the service user
- Practitioner voice
- Engagement

As we head into 2021/22, a review of the effectiveness of our current arrangements will be undertaken to ensure our structure fully supports the areas of development identified above. Areas of focus will include strengthening the current structure to include a Violence Against Women and Girls (VAWG) subgroup and a SAR subgroup. This review will be completed in 2021/22, and the outcomes will be reported in our next annual report.

Contact information

If you have any questions about the content of this report, or thoughts about what we should include in future reports, please contact ssab@southwark.gov.uk.

If you are concerned about an adult at risk in the borough of Southwark you should notify us immediately on OPPDContaktteam@southwark.gov.uk.

If the adult has been injured you should seek advice from their GP, or in an emergency call 999.

If you believe a crime has been committed you should notify the police.



Item No.	Classification: Open	Date: 24 January 2022	Meeting Name: Health and Social Care Scrutiny Commission
Report title:		<p>Family Early Help Response to Domestic Abuse and Violence in Families</p> <p><i>(also including Children’s Social Care and Youth Offending Service response)</i></p>	
Ward(s) or groups affected:		All	
Report author(s):		Jenny Brennan, Assistant Director, Family Early Help and Youth Justice	

BACKGROUND INFORMATION

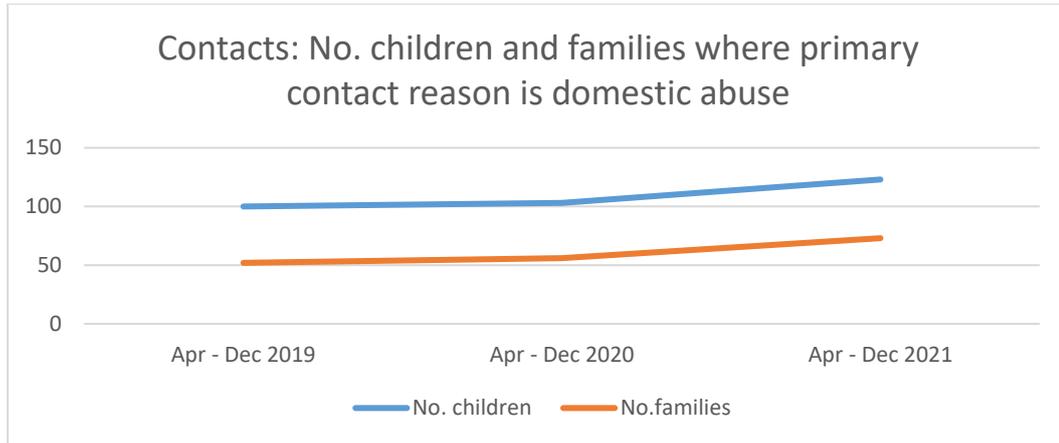
1. The council has a legal duty (Children Act 2004 S.10) to promote inter-agency co-operation to improve the welfare of all children.
2. Early help means providing support as soon as a problem emerges, at any point in a child’s life, from the foundation through to teenage years.
3. Effective early help relies upon local organisations and agencies working together to, identify children and families who would benefit from early help; undertake an assessment of the need for early help; and provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child¹
4. The Family Early Help (FEH) service within the Children & Families Division provides targeted whole family support with referrals coming directly into the service or following the end of statutory social work as ‘step-down’ cases.
5. Referrals are reviewed and risk factors including domestic abuse are considered before allocation for a whole family assessment by FEH Practitioners in the Under 11 or over 11 service or Children & Family Centre (CFC) workers. Solace are present in referral and allocation meetings to advise and also accept referrals.
6. FEH has two senior practitioners who lead on reducing parental conflict and domestic abuse, acting as consultants to staff and promoting training and access to resources.

7. CFCs are part of the Safe Space initiative and all reception staff have received appropriate training to facilitate use of these spaces.
8. The parenting team in FEH has a lead on work with fathers and facilitates a fathers groupwork programme which addresses conflict and impact of conflict on children. Our Empowering Parents Empowering Communities (EPEC) hub trains parents to deliver Being a Parent Together programmes for couples where parental conflict is a concern.
9. The pilot Community Early Help Panel in the Walworth area has evidence of signposting to domestic abuse support which was accepted by the family.
10. Domestic abuse remains one of the most significant factors in the need for statutory social care intervention for children in need of help and protection, and those who come into the care of the Local Authority
11. Southwark Youth Offending Service (YOS) assessments of offenders children include screening for the presence of domestic abuse as victims from within the family. Some of these children will also be receiving statutory social work interventions.
12. The YOS also works with children who commit violence within the family against parents or siblings as either a prevention/early intervention case or where the police are prosecuting over 16s for domestic abuse.

Volume of domestic abuse work undertaken by FEH and impact of Covid

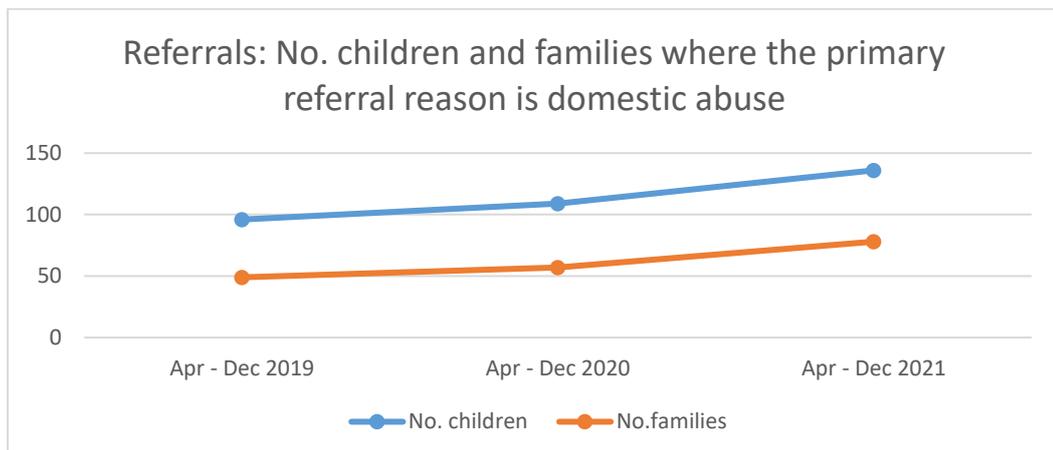
13. Comparing the period April – Dec for the last 3 years there has been a 56% increase in the number of contacts made to FEH. The proportion of contacts with primary reason of domestic violence has slightly reduced (4.4% to 3.5%) but the number of children worked with that have experienced DV has increased by 23%.

	No. contacts	No. DV contacts	% DV contacts
Apr - Dec 2019	2252	100	4.4%
Apr - Dec 2020	2324	103	4.4%
Apr - Dec 2021	3517	123	3.5%



14. Not all contacts proceed to referrals and comparing the referral data for the period April – Dec for the last 3 years there has been a 42% increase in the number of referrals worked with by Family Early Help. The proportion of contacts with primary reason of domestic violence increased by 1 percentage point in 2020 but returned to similar levels in 2021, however the number of children worked with that have experienced DV has increased by 42%.

	No. referrals	No. DV referrals	% DV referrals
Apr - Dec 2019	2147	96	4.5%
Apr - Dec 2020	2005	109	5.4%
Apr - Dec 2021	3057	136	4.4%



The data on assessments is a more accurate reflection of the presence of domestic abuse in the family rather than 'primary reason for contact or referral' as engagement with the family will raise other risk factors, and provide opportunities for disclosure. Approximately a third of all casework in FEH has domestic abuse as a risk factor to children.

15. The number of child assessments completed by FEH in the last 3 years (April – Dec period) show a 34% increase in work done and a slight increase in the proportion of assessments with domestic abuse present from 31 to 34% with a peak of 36% in 2020.

Assessments of children	Number of assessments with criteria recorded	Number of assessments with domestic abuse as an issue	% assessments with domestic abuse as an issue
April – Dec 2019	878	268	30.5%
April – Dec 2020	1147	407	35.5%
April – Dec 2021	1176	397	33.8%

Examples of FEH work

16. Below are examples of work undertaken by FEH with families where domestic abuse is a key risk factor for children. They are anonymized and some details are changed to prevent identification but they reflect typical work undertaken in the service.

FEH Case A - work from 2019 to support ongoing family work

A mother of a large family with significant historic involvement of Children's Social Care due to physical and domestic abuse attended Solace support group but DVIP group was not suitable for father as he did not accept the impact of his behaviour. Work done with father and his attendance at the fathers group led to acknowledgement and accepting greater responsibility for his behaviour. He has demonstrated improved insight as he found it hard to accept there was an impact on his children when they did not directly witness violence.

Some of the children have special needs and an EHC plan. Work with all of them to address the impact of DA has been undertaken by FEH and their positive engagement in school and improvements in behaviour have been acknowledged in Team Around the Family meetings.

In this family the Safety plans are a crucial part of addressing the violence and impact whilst ensuring the children can maintain positive relationships with both parents, this includes staff exploring family culture and expectations and consistent efforts to engage with parents in a restorative change process.

FEH Case B - Referral from school Nov 2019

Large family from a country significantly affected by war. Referral to FEH by Primary school in late 2019 as mother asking for help with behaviour of child with ASD and her hitting out at siblings, and also concern from mother that she wanted her husband to be more involved in parenting of the children. During the work undertaken by FEH there was gradual disclosures by mother and the children of domestic abuse and safety planning with both parents became a focus, alongside direct work with the children.

Cultural aspects of family life, marriage and parenting were a key feature of interventions alongside collaboration with the GP, school, Solace and services for parents of children with ASD. Further disclosures of domestic abuse required ongoing safety planning, relational work with parents and the agreement for a family group conference to ensure there was a wider support network for the family. The father attended the Fathers group to help him with parenting skills but also understand the impact of conflict within the home on his children. The sustainability plan included addressing his own health needs and getting support for these to reduce his anxiety and stress.

Children & Family Centre Case D May 2021 referral for ongoing support to family

Family of 3 (pregnant mother, father and 2 year old) living with maternal grandmother and brother in overcrowded flat. Mother originally from Caribbean and father from Ghana. CSC became involved following police call out to home for allegation of grandmother threatening her daughter with a knife following disagreements over the parenting of the 2 year old.

Following a CSC assessment and a move to temporary accommodation which reduced risk, a Children & Family Centre worker was allocated to offer ongoing support.

Mother described a history of experiencing domestic abuse in her family as she was growing up and subsequent mental health needs including previous post-natal depression. Father was very engaged but a move to their own accommodation required support for their joint parenting and preparation for the new baby in Aug 2021. The CFC worker also noted some issues about the behaviour of the 2 year old and a referral for a paediatric assessment has been made.

FEH Case C - Referral from Secondary School April 20 and 2021

Family with history of domestic abuse reported in 2017 and addressed through child protection and child in need plans up to 2019. Father moved out of family home and court order in place to manage access to children.

Referral from secondary school at start of Covid April 2020 concerned about older boy, deteriorating mental health (e.g. he had not left house since school closed and obsessive compulsive behaviours), diagnosis of ASD. Significant other family caring responsibilities and housing crowded. FEH were unable to engage with mother at first and it was not until a second referral from school that she was able to share her concerns and fear of the behaviour of her sons taking her back to the 30 years of domestic abuse she had escaped from her husband.

FEH worked with mother to engage with CAMHS, LD team and school to create a safety plan for her at home and receive advice on how to manage and balance the differing needs of her children at home and older adult children. This team around the family is ensuring the different professionals are working collaboratively with mother and she feels supported but there are clear expectations on her in implementing boundaries and remaining in control. Direct sessions with the FEH worker with the mother and children focus on understanding the impact of mental health issues on each other, reinforcing parenting strategies with teenagers and ongoing focus on school attendance and engagement with education.

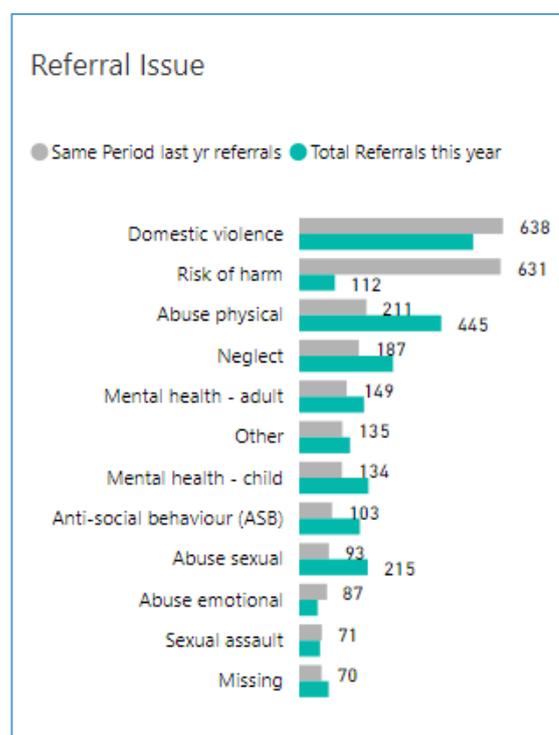
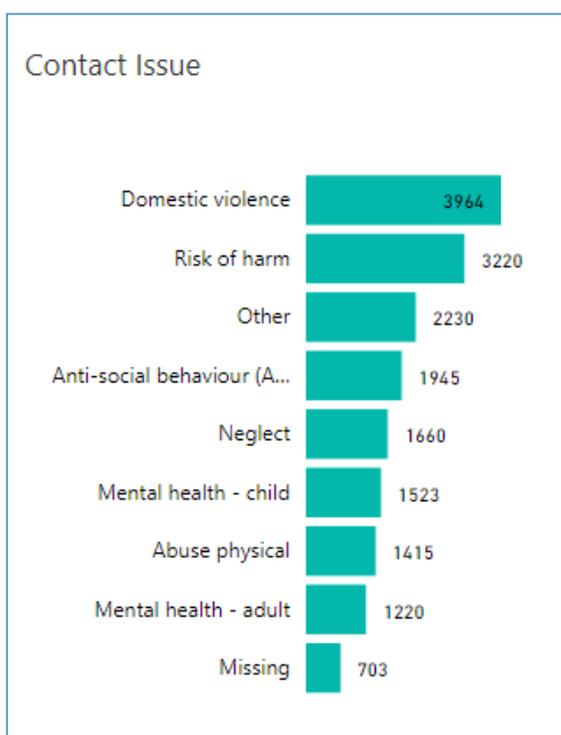
Identified gaps in provision

17. There is a gap in the support for fathers who are not suitable for the DVIP programme either owing to lack of acceptance of domestic abuse behavior, or are unable to engage with the 26 weeks. A formalised targeted engagement programme could build on the work currently undertaken by the fathers groupwork programme.
18. There is a need for increased engagement of schools with Project Encompass and promotion as part of the Team Around the Schools approach.

19. There is a need for increased capacity and training for direct work with children, whose behaviour in school may be linked to exposure to historic (or current) domestic violence, particularly models of intervention for teenagers.

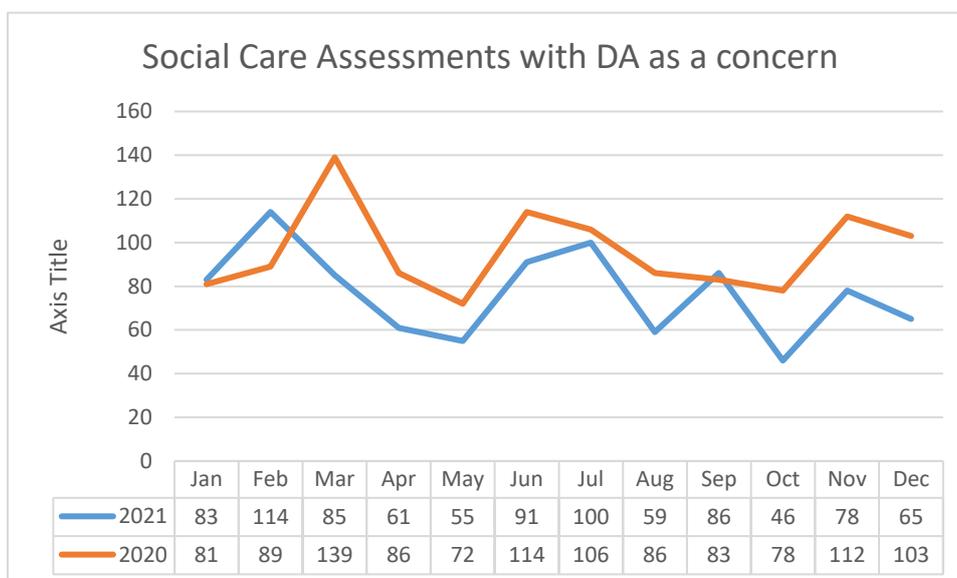
Statutory Children's Social Care intervention where domestic abuse is a concern

20. Domestic abuse is the most common factor in contacts and referrals to the social work front door, the Multi Agency Safeguarding Hub (MASH). In the year to date 3964 contacts have been received at the MASH where domestic abuse was identified as a concern. Of those contacts that progress to a referral for services approximately 18% of all referrals are in relation to domestic violence.



21. Domestic abuse is an issue of concern in approximately one third of all assessments undertaken by the statutory social work service. This equates to an average of between 80-90 children per month for whom domestic abuse is identified as a cause for referral to our social work teams across the last 2 full years.

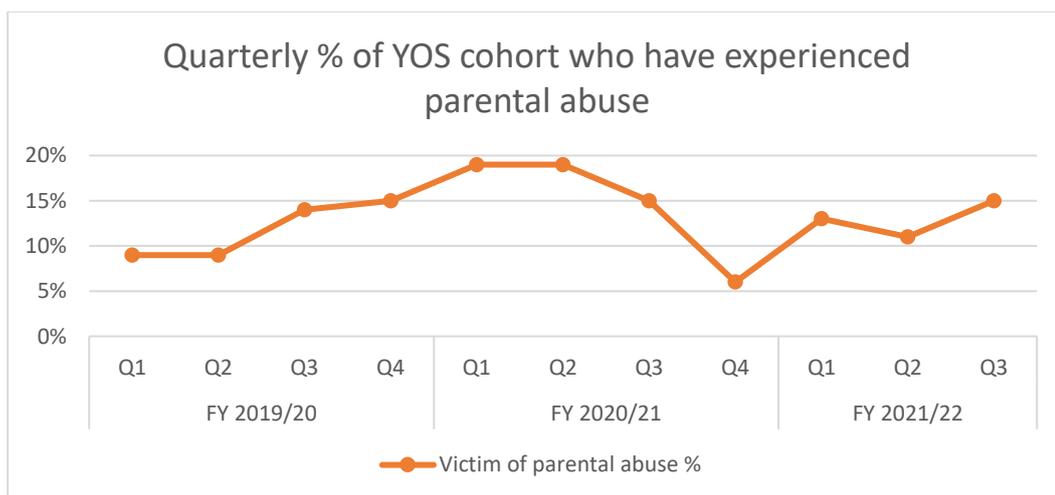
22. As was identified through nationally reported statistics there was an increase in reports of and concerns relating to domestic abuse during the period of Covid-19 lockdowns, which is evident in the assessment data for our statutory social work services in 2020.



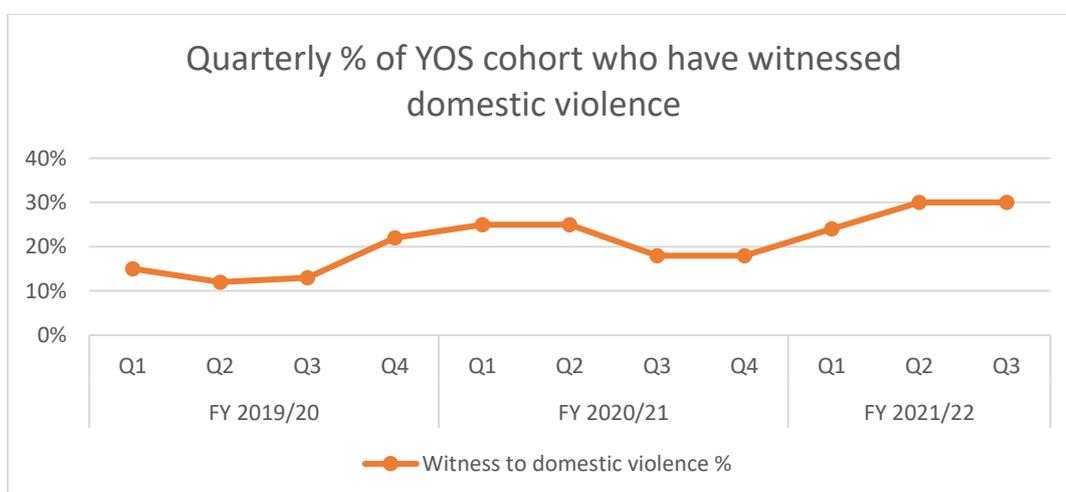
23. Statutory reporting categories for children who have entered the care of the Authority make reporting specifically on the incidence of domestic abuse leading episodes of care difficult to quantify. Analysis suggests that of the 203 children who entered care in the past 12 months 14% (29) of those children had domestic abuse identified as a concern at the time of their most recent social care assessment.
24. In most instances the statutory social work service takes positive action to support families in addressing concerns relating to domestic abuse using evidence-based interventions to support change in the home environment. This has been recognised consistently in our internal quality assurance audit procedures which routinely shows positive practice in engagement with survivors and social workers delivering effectively in partnership with mothers to create positive change where domestic abuse is a concern. Similarly in September 2020 Ofsted recognised that during the pandemic our “decisions in response to initial concerns about children, including children a increased risk from domestic abuse” are timely and proportionate.

Youth Offending Service work with domestic abuse and the impact of Covid

- 25. The Youth Offending Service (YOS) reports quarterly on assessment data where children on statutory orders are a victim of parental abuse or a witness to domestic violence. This data does not include prevention or diversion casework.
- 26. The percentage of assessments where children on the YOS caseload where children had experienced parental abuse peaked at 19% in April – Sept 2020.



- 27. The proportion of assessments where children have witnessed domestic violence has risen over the Covid period from 13% Oct – Dec 2019 to 30% in Oct – Dec 2021



28. The YOS case system has limited information on children who have committed violence against family members and a view that most cases are no further actioned rather than resulting in a charge. YOS police view is that there has not been an increase in arrests during Covid and School police report undertaking more prevention work in this area.
29. YOS staff including Victim and Restorative Justice workers, and the clinical team are able to work directly with children and parents to address adolescent to parent violence and aggression (APVA). There are ongoing discussions about best practice for work with APVA and the YOS are currently negotiating with Break for Change as a potential model.
30. Prevention referrals and voluntary engagement by families remain low (1 or 2 cases per month) and have not been impacted by Covid.

Scrutiny review scoping proposal

1 What is the review?

Mini review into Domestic Abuse in families.

Background

In August this administrative year 2021 /22 the Health and Social Care Commission completed a review , spanning two years , on 'Mental Health Inequalities of Black, Asian and Minority Ethnic Children and Young People'..

Partly as a result of that review, and evidence that Domestic Abuse had risen during the pandemic and was a significant risk factor for poor mental health in children and young people, the commission decided to delve further and hear from community groups during the remainder of the administrative year, and undertake a mini review focused on domestic abuse in families.

This is an extract from the previous report, summarizing evidence from officers on Domestic Abuse:

Domestic abuse (DA) is defined as any incident or pattern of incidents of controlling, coercive, threatening behavior, violence or abuse between those aged 16 or over who are or have been intimate partners or family members, regardless of gender or sexuality. The abuse can include, but is not limited to psychological, physical, sexual, financial, and emotional. Witnessing Domestic Abuse is an Adverse Childhood Experience that has the potential to negatively impact on children's mental and physical health throughout their life course.

Southwark has one of the highest volumes of DA in London, with very high levels of referrals to our specialist domestic abuse service. There has been generally rising demand over the last several years, although there was a small reduction in demand prior to lockdown. Since the start of the pandemic, there has been a significant increase in demand. For the period April 20 to March 21 the service saw a 21% increase in referrals compared to the same period the previous year (2879 against 2373 previously). We are yet to see any downturn in demand, referrals remain at an extremely high level; the period January to March 2021 saw 748 referrals to the service. This represents a 25% increase on the same period in 2020 (598 referrals). The average monthly number of referrals for FY 20/21 (April 2020 to March 2021) was 240, a 31% increase on the monthly average of 198 during FY 19/20. The number of referrals received from victims aged 16 to 25 also increased significantly, by 46%.

The increase in referrals was largely driven by a dramatic increase in high-risk referrals. In line with this, there was a corresponding increase in referrals to MARAC. The Multi Agency Risk Assessment Conference (MARAC) is coordinated by Southwark Council and meets fortnightly to provide a multi-agency response to high-risk cases of domestic abuse. During the period 28 April 2020 to 4 May 2021, Southwark MARAC heard 831cases, this compares to

674 in the same period the previous year, an increase of 23%.

Children's social care recorded a 20% increase in contacts relating to domestic abuse in the period 1 April 2020 31 March 2021 (2,350), when compared to the previous year (1,956). Whilst referrals for domestic abuse increased by 31%, from 594 to 779. This in the context of a 13% reduction in the total number of contacts received, and a 2% reduction in referral.

Nationally NSPCC reported that contacts to their helpline about the impact of domestic abuse on children increased by 32% since the start of the lockdown, to an average of one an hour. In May 2020, the helpline received its highest number of contacts about domestic abuse since 2016 when the current recording method began.

A report by Oxford and Manchester Universities suggests that child to parent violence has also significantly increased since lockdown measures were put in place. They found that the number of child to parent violent episodes increased by 70%, and that 69% of practitioners surveyed, said they had seen an increase in referrals for child to parent violence.

The commission heard that the council recognised very quickly the need to adapt the delivery of services including domestic abuse services during lockdown, moving from face to face to delivery via online and remote means. Additional funding has been put in place for two DA workers, to increase telephone capacity and support for high-risk victims. A communications campaign was also delivered across Southwark to raise awareness of domestic abuse and how to seek help.

The new Safe Space project was launched in February 2021. The initiative provides confidential rooms in a range of settings where survivors of domestic abuse can access information and make contact with specialist services. The scheme is currently operating across the network of Children and Family Centers, at more than 15 primary and secondary schools and the Tessa Jowell Health Hub. Further rollout of the scheme will include places of worship, community centers, council buildings and other primary care services.

A new group service has also been delivered to support parents where there is child to parent abuse and extra support has been provided to children in refuges. Longer term there are calls for the government to increase the profile and funding for domestic abuse.¹

¹ Information taken from the Health and Social Care 'Mental Health Inequalities of Black, Asian and Minority Ethnic Children and Young People' report, August 2021.

2 What outcomes could realistically be achieved? Which agency does the review seek to influence?

The review will seek to better protect victims of domestic abuse within Southwark, and influence the Cabinet lead, Cllr Evelyn Akoto, Councillor Leanne Werner; Deputy Cabinet Member for Domestic Abuse, council officers, the Police and Probation Service.

3 When should the review be carried out/completed? I.e. does the review need to take place before/after a certain time?

March 2022.

4 What format would suit this review? (e.g. full investigation, q&a with executive member/partners, public meeting, one-off session)

This will be a mini review. The review will be primarily carried out by investigation, research, and a one off roundtable with community groups and stakeholders. In support of this the lead cabinet member, deputy cabinet member and Safeguarding executive will be interviewed / invited to contribute.

5 What are some of the key issues that you would like the review to look at?

- The increase in domestic abuse in Southwark and how to reduce and mitigate.
- The impact of domestic abuse on children, young people, and families.
- Work with children and young people when they are abusing.
- Work with adult perpetrators to reduce offending.
- Responses from the Council and the national government to the rise in domestic abuse during Covid-19 lockdowns.
- How community groups are responding to Domestic Abuse.
- How the police, including specialised services, are responding holistically to Domestic Abuse, families and children and young people who may be perpetrating.
- How the partners are working together to assist and protect victims and reduce offending.

6 Who would you like to receive evidence and advice from during the review?

- Local domestic abuse charities in Southwark: see below table.
- Community Safety officers who lead and commission Domestic Abuse services
- Solace Women's Aid. Commissioned by Southwark Council to deliver its comprehensive Domestic and Sexual Abuse support service to Southwark residents, including a perpetrator programme.
- YUVA Project (Delivered by DVIP), commissioned by the council to work with young people (age 11 – 18) who have been abusive to their parents/carers and in their close relationships. They help young people to look at their abusive behaviour and find safe, non-abusive alternatives.
- Children's Services (Family Early Help)
- Probation Service, specifically the in-house programme for offenders who perpetrators
- Police, including specialised services for DA.
- Councillor Leanne Werner; Deputy Cabinet Member for Domestic Abuse and the Cabinet lead, Cllr Evelyn Akoto
- Southwark Safeguarding chair and executive

Please see below a list of VAWG voluntary sector groups. Ones highlighted the ones are known to be currently or previously working in Southwark

Organisation	What they do	More information
Aaina Women' s Group	The aim of this project is to work towards the empowerment and self-development of women through the provision of a drop in service and a programme of workshops and community based courses.	https://communitysouthwark.org/organisations-venues/organisations/aaina-womens-group
Ashiana Network	Provide housing and support to BMER women and girls experiencing domestic violence and sexual violence. Ashiana runs three refuges; two specifically for women aged 16-25 fleeing forced	http://www.ashiana.org.uk/

	marriage.	
Asian Women's Resource Centre	Specialist women's organisation providing support services to BME women and children who have experienced or are at risk of domestic abuse	www.asianwomencentre.org.uk
Bede House Starfish Project	Offers advice and support to people affected by Domestic Violence, resident in Southwark.	https://bedehouse.org.uk
Deafhope	Supports deaf victims of domestic and sexual violence	http://www.deaf-hope.org/
FORWARD	The Foundation for Women's Health, Research and Development, (FORWARD) is an African Diaspora women's campaign and support charity. Their focus is the elimination of FGM among affected African communities.	http://www.forwarduk.org.uk/
Halo Project	Provides advice and support to victims of honour based violence and forced marriage	https://www.haloproject.org.uk/
Iranian and Kurdish Women's Rights Organisation	IKWRO provides specialist services to support Iranian, Kurdish, Afghan, Arab and Turkish women and girls subjected to 'honour' based violence (HBV), forced marriages (FM), child marriages and female genital mutilation (FGM).	www.ikwro.org.uk
IMECE Women's Centre	Woman only organisation supporting BMER women, particularly Turkish, Kurdish and	www.imece.org.uk

	Turkish Cypriot women to improve the quality of their lives. Assists women victims of Violence against Women and Girls through provision of a wide range of services in a safe, secure and women only space.	
Karma Nirvana	A national helpline to support victims in immediate danger of forced marriage and HBV. Karma Nirvana also offers HBV training to professionals.	karmanirvana.org.uk
Latin American Women's Rights Services	LAWRS is human rights, feminist organisation pursuing "equal rights and social justice for all Latin American women and migrant women in the UK".	www.lawrs.org.uk
LGBT Domestic Abuse Partnership (DAP)	DAP is a way for LGBT survivors of domestic abuse to get the maximum amount of help with a minimum amount of hassle. The DAP is open to any LGBT person experiencing domestic violence who is living or working in London. The DAP is made up of 4 LGBT agencies who each provide different services for LGBT survivors of domestic abuse.	http://lgbtdap.org.uk
Men's Advice Line	Confidential helpline for men experiencing domestic violence from a partner or ex-partner (or from other family members).	http://www.mensadvice.org.uk/

National Domestic Violence Helpline	The National Domestic Violence Helpline is a freephone 24 hour helpline which provides advice and support to women and can refer them to emergency accommodation.	0808 2000 247
Nia	Provides services for women, children and young people who have experienced gender based violence. This includes a specialist refuge for DA survivors with problematic substance misuse.	www.niaendingviolence.org.uk
Palladin	Paladin is a trauma-informed service established to assist high risk victims of stalking in England and Wales.	https://paladinservice.co.uk/
Pecan – Southwark Women’s Space	A women only space offering advice and support on a range of issues including domestic abuse	www.pecan.org.uk
Rape Crisis	Provides a national helpline and rape crisis centres to victims of rape and sexual assault.	https://rapecrisis.org.uk/
Refuge	A national charity providing accommodation and advice and support to victims of domestic abuse	https://www.refuge.org.uk/
SOLACE Women’s Aid	Commissioned by Southwark Council to deliver its comprehensive Domestic and Sexual Abuse support service to Southwark residents.	www.solacewomensaid.org/
Somali Integration	Women’s worker providing advice and	http://sidauk.org/

and Development Association	support to Somali women resident in Southwark	
Southall Black Sisters	Support and advice to Black (Asian and African-Caribbean) women who experience gender related violence.	www.southallblacksisters.org.uk
Tender	Promotes healthy relationships based on equality and respect. Using theatre and the arts, they engage young people in violence prevention. They work in schools, youth centres, pupil referral units, offices and healthcare settings.	http://tender.org.uk/
Victim Support	Provides support and advocacy to victims of domestic abuse in Southwark as part of the MOPAC Pan London Domestic Abuse Service	https://www.victimsupport.org.uk/
Women and Girls Network	Supports women and girls affected by all forms of gendered violence including childhood sexual abuse, domestic violence, female genital mutilation, forced marriage, prostitution (including trafficking and sexual exploitation), rape/gang rape, honour based violence and war crimes.	www.wgn.org.uk
YUVA Project (Delivered by DVIP)	Yuva works with young people (age 11 – 18) who have been abusive to their parents/carers and in their close	https://dvip.org/yuva-service.htm

relationships. They help young people to look at their abusive behaviour and find safe, non-abusive alternatives.

7 Any suggestions for background information? Are you aware of any best practice on this topic?

- Report by Oxford and Manchester University; <https://www.law.ox.ac.uk/news/2020-08-18-launch-report-child-parent-violence-during-pandemic/>.
- NSPCC sources; <https://www.nspcc.org.uk/about-us/news-opinion/2020/Calls-about-domestic-abuse-highest-on-record-following-lockdown-increase/>. / <https://www.nspcc.org.uk/about-us/news-opinion/2020/domestic-abuse-calls-rise2/>.
- National Government response; <https://commonslibrary.parliament.uk/domestic-abuse-and-covid-19-a-year-into-the-pandemic/>.
- NYT article; <https://www.nytimes.com/2020/04/06/world/coronavirus-domestic-violence.html>.
- Impact on Children and Young People; <https://onlinelibrary.wiley.com/doi/epdf/10.1002/car.2649>.
- Also in regards to children and young people; <https://capmh.biomedcentral.com/articles/10.1186/s13034-020-00347-1>.
- Social Care Institute; <https://www.scie.org.uk/care-providers/coronavirus-covid-19/safeguarding/domestic-violence-abuse>.
- BBC report; <https://www.bbc.co.uk/news/uk-56491643>.
- University of Essex report; <https://www.iser.essex.ac.uk/blog/2020/08/18/what-are-the-effects-of-lockdown-and-recession-on-domestic-violence>.
- NSPCC report; <https://learning.nspcc.org.uk/media/2246/isolated-and-struggling-social-isolation-risk-child-maltreatment-lockdown-and-beyond.pdf>.
- Government work on tackling perpetrators <https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets/tackling-perpetrators>
- Drive Project <http://driveproject.org.uk/>

8 What approaches could be useful for gathering evidence? What can be done outside committee meetings?

e.g. verbal or written submissions, site visits, mystery-shopping, service observation, meeting with stakeholders, survey, consultation event

Verbal and/or written submissions from external actors, bodies and organisations, cabinet members and officers. A roundtable with stakeholders.

Item No. .	Classification: Open	Date: 2 February 2022	Meeting Name: Health & Social Care Scrutiny Commission
Report title:		Health & Social Care Scrutiny Commission Work Programme 2021-22	
Ward(s) or groups affected:		N/a	
From:		Project Manager, scrutiny.	

RECOMMENDATIONS

1. That the Health & Social Care Scrutiny Commission note the work programme as at 30 September attached as Appendix 1 Work Programme.
2. That the Health & Social Care Scrutiny Commission consider the addition of new items or allocation of previously identified items to specific meeting dates of the commission.

BACKGROUND INFORMATION

3. The general terms of reference of the scrutiny commissions are set out in the council's constitution (overview and scrutiny procedure rules - paragraph 5). The constitution states that:

Within their terms of reference, all scrutiny committees/commissions will:

- a) review and scrutinise decisions made or actions taken in connection with the discharge of any of the council's functions
- b) review and scrutinise the decisions made by and performance of the cabinet and council officers both in relation to individual decisions and over time in areas covered by its terms of reference
- c) review and scrutinise the performance of the council in relation to its policy objectives, performance targets and/or particular service areas
- d) question members of the cabinet and officers about their decisions and performance, whether generally in comparison with service plans and targets over a period of time, or in relation to particular decisions, initiatives or projects and about their views on issues and proposals affecting the area
- e) assist council assembly and the cabinet in the development of its budget and policy framework by in-depth analysis of policy issues

- f) make reports and recommendations to the cabinet and or council assembly arising from the outcome of the scrutiny process
 - g) consider any matter affecting the area or its inhabitants
 - h) liaise with other external organisations operating in the area, whether national, regional or local, to ensure that the interests of local people are enhanced by collaborative working
 - i) review and scrutinise the performance of other public bodies in the area and invite reports from them by requesting them to address the scrutiny committee and local people about their activities and performance
 - j) conduct research and consultation on the analysis of policy issues and possible options
 - k) question and gather evidence from any other person (with their consent)
 - l) consider and implement mechanisms to encourage and enhance community participation in the scrutiny process and in the development of policy options
 - m) conclude inquiries promptly and normally within six months
4. The work programme document lists those items which have been or are to be considered in line with the commission's terms of reference.

KEY ISSUES FOR CONSIDERATION

- 5. Set out in Appendix 1 (Work Programme) are the issues the Health & Social Care Scrutiny Commission is due to consider in 2021-22.
- 6. The work programme is a standing item on the Health & Social Care Scrutiny Commission agenda and enables the commission to consider, monitor and plan issues for consideration at each meeting.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Health & Social Care Scrutiny Commission agenda and minutes	Southwark Council Website	Julie Timbrell Project Manager
Link: https://moderngov.southwark.gov.uk/ieListMeetings.aspx?Committeeld=518		

APPENDICES

No.	Title
Appendix 1	Work Programme 2021-22

AUDIT TRAIL

Lead Officer	Everton Roberts, Head of Scrutiny	
Report Author	Julie Timbrell, Project Manager, Scrutiny.	
Version	Final	
Dated	28 January 2022	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Governance	No	No
Strategic Director of Finance and Governance	No	No
Cabinet Member	No	No
Date final report sent to Scrutiny Team	22 September 2021	

Health and Social Care Scrutiny Commission Work Programme.

Reviews:

- Health & social care workforce - Impact and mitigation of Brexit and pandemic on the workforce
- Domestic Abuse (mini review)

Meeting dates and items

Date	Item	Comments
Wed 23 July	<ul style="list-style-type: none">• GSTT and KCH Hospital Trusts recovery plans• Complete report - Health Inequalities of Black, Asian and Minority Ethnic Children and Young People• Work programme planning	
Thu 30 September	<ul style="list-style-type: none">• Review: Impact of Brexit on health and social care workforce, introductory paper• Safeguarding arrangements briefing	Brexit Review

Wed 17 November	<ul style="list-style-type: none"> • Cabinet member interview : Cllr Evelyn Akoto, Cabinet Member for Health and Wellbeing, will be interviewed on her portfolio. • NHS to discuss the ICS • Review: Health & social care workforce, NHS commentary covering Brexit, pandemic and vaccinations , NHS providers and SEL CCG will input • GP appointments – access to in person consultations 	Health & Social Care workforce review Review
Wed 2 February	<ul style="list-style-type: none"> • Safeguarding – interview with Independent Safeguarding chair , Safeguarding Executive on Children and Adults Annual Reports and , Serious Case reviews. • Domestic Abuse in the family – invite community organisations for round table discussion, with lead Deputy Cabinet lead and lead member, officers and other stakeholders (Police, commissioned providers, Probation Service , Early Help, Community Safety etc) . Produce mini report. 	Domestic Abuse : mini review
March additional meeting (date tbc)	<p>Health & Social Care workforce review : evidence from Unions</p> <p>Council HR information social care retention , turnover , sickness, disciplines etc</p>	

<p>Tue 22 March</p>	<ul style="list-style-type: none"> • Cabinet member interview - Cllr Jasmine Ali , Deputy Leader and Cabinet Member for Children, Young People and Education, will be interviewed on the children & young people part of her portfolio. • Impact of Skunk on mental health • SlaM CAMHS report back on race equality work • Long Covid update • Agree Health & social care workforce • Agree Domestic Abuse report 	<p>Update from SLaM with reference to the Mental Health report (work to increase the uptake of CAMHS services and improvement in meeting the unmet mental health needs of Black, Asian and Minority Ethnic young people - with a particular focus on the last approach; CAMHS working with partners, including Black, Asian and Minority Ethnic community groups , including Latin American and European immigrant communities, to develop new ways of working in prevention and early help approaches across our communities.)</p>
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Scrutiny review scoping proposal

1 What is the review?

'Health & Social Care Workforce'.

Impact of Brexit

The review will look at how the downward turn in EU migration along with the high levels of outward migration from EU workers has affected the Health and Social Care industry.

As of 2020, of every 1000 NHS staff in England, 55 were from the EU with the Health and Social Care industry relying on this workforce.¹

However, since Brexit a different picture has been clear with those from the EU either leaving the NHS and applications falling. In 2015/16, 11% of those joining the NHS were EU nationals. In 2017/18, this had fallen to 8%, and in 2019 to 7%. For nurses the percentage of EU joiners fell from 19% in 2015/16 to 6% in 2019. Meanwhile, the proportion of nurses joining the NHS with non-EU nationality rose from 8% in 2015/16 to 22% in 2019.²

In 2017/18, 12.8% of nurses leaving the NHS were EU nationals, up from 9% in 2015/16. This fell to 11% in 2019.³

With this in mind, the review will look at how this outward migration has impacted the workforce, along with an emphasis on how to encourage retention; increase recruitment and train the local workforce.

The review aims to assist the Council's Economic Review Plan, which aims to, "mitigate the impacts of Brexit as they become evident, with a shared emphasis on protecting our local economy and our diverse Southwark communities".

Pandemic

The impact has not only hit the health and social care workforce in terms of employment numbers, but also the well-being of the existing workers and the strain felt during the pandemic. Firstly, in terms of social workers:

¹ <https://ukandeu.ac.uk/wp-content/uploads/2018/03/Brexit-and-the-NHS-.pdf>.

² Ibid.

³ Ibid.

- Social care workers faced among the highest mortality rates by occupation during the first phase of the pandemic and sickness absence rates more than doubled between February and October 2020, with the industry carrying increased risk of COVID-19 exposure.⁴
- Staff are also at higher risk of getting the virus and of dying from it because they are older and more ethnically diverse than the general population – a quarter are aged 55 and older and 21% are from black and minority ethnic backgrounds.⁵
- Moreover, the government was slow to implement policies (for example to ensure staff had access to enough PPE and comprehensive testing) to protect the sector.
- In a Health Foundation funded ‘pulse’ survey of nearly 300 social care staff in July 2020, a sobering four out of five respondents said that their job had left them feeling ‘tense, uneasy or worried’ more often since the onset of COVID-19.
- In July, four in five reported that their workload had risen, mainly due to covering for colleagues who had to self-isolate or having to train new volunteers.⁶

Secondly, NHS staff are feeling similar effects on wellbeing, mental health and physical burnout:

- Pre-pandemic reports indicate high levels of staff stress and burn-out. Features of burn-out include exhaustion, detachment and cynicism, which can reduce the healthcare provider’s capacity for empathy and in turn negatively impact on their ability to provide high quality care. It can also increase the risk of mental ill health.
- 50% of staff felt that their mental health had declined during the first two months of the pandemic. 45% of doctors across the UK surveyed in May 2020 by the British Medical Association (BMA) reported experiencing depression, anxiety, stress, burn-out or other mental health conditions relating to or made worse by the outbreak.⁷
- Six months into the pandemic, 76% of almost 42,000 nurses surveyed by the Royal College of Nursing (RCN) reported an increase in their stress levels since the advent of the pandemic.⁸

On top of all of this, the government’s recent announcement of mandatory vaccinations for the health and social care workforce is going to have

⁴ <https://www.health.org.uk/news-and-comment/blogs/how-is-covid-19-impacting-people-working-in-adult-social-care>.

⁵ Ibid.

⁶ Ibid.

⁷ <https://post.parliament.uk/mental-health-impacts-of-covid-19-on-nhs-healthcare-staff/>.

⁸ Ibid.

similar detrimental effects on staffing issues. The leader of Britain's biggest union – Unison - has warned that tens of thousands of people could lose their jobs unless the government drops plans to enforce compulsory Covid-19 jabs for workers in adult care homes in England and, potentially, frontline NHS staff.⁹ She said the government's "heavy-handed" and "counter-productive" approach could be perilous for the health sector, which is suffering from staffing shortages following post-Brexit barriers to hiring overseas workers.

2 What outcomes could realistically be achieved? Which agency does the review seek to influence?

The review will aim to influence the Council and especially Cabinet Member for Health & Wellbeing to encourage local job retention, employment and advocate training.

It will also aim to provide a forum to investigate the impacts of Brexit on our local workforce by working with external organisations, as well as examining the wider issues surrounding well-being and mental health of the workforce.

3 When should the review be carried out/completed? i.e. does the review need to take place before/after a certain time?

The review will take place this administrative year, 2021/2022.

4 What format would suit this review? (eg full investigation, q&a with executive member/partners, public meeting, one-off session)

The review will be multi-levelled, with a joint initiative between the Health and Social Care Commission and the Environment Commission taking place.

In addition to this, the commissions will seek to hold a Q&A with external actors such as 'Proud to Care', which will help build a larger picture for a full investigation and subsequently a report for the cabinet.

In carrying out this investing, the review will also work with local partners within the NHS and the social care industry.

⁹ <https://www.ft.com/content/5ab2c2de-96f2-4748-8444-480900900d2a>.

5 What are some of the key issues that you would like the review to look at?

- Analysis of the impact of Brexit on health and social care provision
- Actions to encourage retention of the existing workforce
- Actions to recruit to vacancies
- Actions to train the local workforce
- The impact of work on the well-being, mental health, moral and physical burnout of the health and social care workforce, and how this has been especially exasperated by Brexit and Covid-19.
- The introduction of mandatory vaccinations for Social Care NHS workers.
- Fair pay / ethical care charter
- Precarious employment in care sector
- impact of commissioning due covid cost issues

6 Who would you like to receive evidence and advice from during the review?

- Cabinet Member for Health and Wellbeing
- Cabinet Member for Jobs, Business and Towns
- Local authority best practice (e.g. Islington, Lambeth, Hackney, Kensington and City of London)
- Mayor of London / GLA findings and work
- Proud to Care organisation
- The Nuffield Trust
- Unions
- Equality Trust

7 Any suggestions for background information? Are you aware of any best practice on this topic?

- The UK in a Changing Europe (Kings College) report:
<https://ukandeu.ac.uk/wp-content/uploads/2018/03/Brexit-and-the-NHS-.pdf>.
- Nuffield Trust - Impact of Brexit on the UK Health Sector:
<https://www.nuffieldtrust.org.uk/research/understanding-the-impact-of-brexit-on-health-in-the-uk>.
- The Kings Fund: Brexit and the End of the Transition Period:
<https://www.kingsfund.org.uk/publications/articles/brexit-end-of-transition-period-impact-health-care-system>.
- Age UK - Brexit Could Worsen Broken Care System for Older People:
<https://www.ageuk.org.uk/our-impact/campaigning/care-in-crisis/brexit/>.
- Government Website – NHS Staff from Overseas:
<https://commonslibrary.parliament.uk/research-briefings/cbp-7783/>.
- Nuffield Trust on Statistics:
<https://www.nuffieldtrust.org.uk/resource/the-nhs-workforce-in-numbers#1-what-kinds-of-staff-make-up-the-nhs-workforce>.
- Proud to Care: <https://www.proudtocarenorthlondon.org.uk/>.
- London Assembly report on EU Migration Consequences:
<https://www.london.gov.uk/about-us/london-assembly/london-assembly-publications/eu-migration>.
- How Covid is Impacting the Social Care Workforce -
<https://www.health.org.uk/news-and-comment/blogs/how-is-covid-19-impacting-people-working-in-adult-social-care>
- Work Study <https://www.hscworkforcestudy.co.uk/>.
- Parliamentary Report on the Health Care of the NHS
<https://post.parliament.uk/mental-health-impacts-of-covid-19-on-nhs-healthcare-staff/>.
- FT article on Mandatory Vaccinations

<https://www.ft.com/content/5ab2c2de-96f2-4748-8444-480900900d2a>.

8 What approaches could be useful for gathering evidence? What can be done outside committee meetings?

e.g. verbal or written submissions, site visits, mystery-shopping, service observation, meeting with stakeholders, survey, consultation event

Verbal and/or written submissions from external actors, NHS bodies and organisations, cabinet members and officers.

Stakeholder representation that speaks to the session and assists in framing and scoping the review.

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